

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012393

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER.

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 26 1963

1. PLACE OF DEATH

a. COUNTY MC DONALD

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN PINEVILLE

Length of stay in 1b
15 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HOME

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MC DONALD

c. CITY OR TOWN PINEVILLE

d. STREET ADDRESS (If outside, give location)
PINEVILLE MO.
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
MADGE MARIE TANNER

4. DATE OF DEATH
Month Day Year
MARCH 16 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/21/05

9. AGE (last birthday)

57

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOUSE WIFE

11. BIRTHPLACE (City and state or country)

COLORADO U. S. A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

NATHAN O. TANNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes; no; or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

NATHAN O. TANNER

Address

SAME

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hydrostatic Pneumonia
Metastatic Carcinoma of
lungs - due to Cr. of uterus

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Possible heart failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1958 to March 16, 1963 and last saw her alive on March 16, 1963
Death occurred at 1:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Pineville, Mo.

22c. DATE SIGNED

3-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3/19/63

23c. NAME OF CEMETERY OR CREMATORY

PINEVILLE CEMETERY

23d. LOCATION (City, town, or county)

PINEVILLE MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

DOWNEY WOODARD MOONEY FUNERAL HOMES INC.

BOX 506 PINEVILLE MISSOURI.

25. DATE RECD. BY LOCAL REG.

MARCH 18, 1963

26. REGISTRAR'S SIGNATURE

Mary D. Bradley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS-300
Rev. 4/59

1 0600

2 0600

3

4

5

6

7

8

9 774 X

10

11

12 90-0

13 1-0

MAR 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wayne A. Wardard

Licensed Embalmer No. 5178

P. O. Address Neel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Bureau Hermit issued 8/18/63